



PATENT  
2024728-7014812001  
(24728-7003)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: ) Group Art Unit: 3739  
Robert J. Garabedian et al. ) Confirmation No.: 4498  
Serial No.: 10/606,250 ) Examiner: Peffley, Michael F.  
Filed: June 24, 2003 )  
For: METHOD OF GENERATING A )  
COMPOUND LESION )

AMENDMENT AND RESPONSE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed May 26, 2005, please amend the application as follows:

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

8/15/05  
Date of Deposit

Jocelyn L. Lee



*Ishw*  
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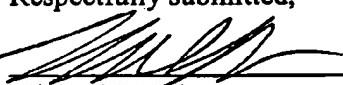
**TRANSMITTAL RESPONSE**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response (8 pages) to Office Action, mailed May 26, 2005, for the above-identified application.

The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 50-2518, Docket No. 28-7014812001.

Respectfully submitted,  
By:   
Michael J. Bolan  
Reg. No. 42,339

Dated: August 17, 2005

Bingham McCutchen LLP  
Three Embarcadero Center, Suite 1800  
San Francisco, California 94111

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*8/15/05*

Date of Deposit

*Jocelyn L. Lee*

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10/606250

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

8-22-05

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 33	Minus	** 27 = 6
Independent	* 2	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY  
TYPE

RATE	Fee
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

OTHER THAN  
OR SMALL ENTITY

RATE	Fee
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

OTHER THAN  
OR SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE	RATE
XS 9=		X\$18= 300.
X43=		X86=
+145=		+290=
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE 300.

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =	
Independent	* Minus	*** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =	
Independent	* Minus	*** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.